

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
324628004USApplication No.  
09/534,836-Conf. #2620Filing Date  
March 24, 2000Examiner  
F. BackerArt Unit  
3621

Applicant(s): C. A. Neff

Invention: METHOD, ARTICLE AND APPARATUS FOR REGISTERING REGISTRANTS, SUCH AS VOTER REGISTRANTS.

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	34	- 40 =	0	x	
Independent Claims	10	- 14 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>60.00</b>

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 60.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0665  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: March 22, 2005

Christopher J. Daley-Watson  
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV622661302US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 22, 2005 Signature: Stephen P. Whelan (Stephen P. Whelan)



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Date in Mo. Day Year 2/17/04	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Delivery Attempt Mo. Day Time 2/17/04 4:40 PM	Employee Signature
Time in Mo. Day Year 2/17/04	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Delivery Date Mo. Day Time 2/17/04 4:40 PM	Employee Signature
Weight lbs. oz. 1 11	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Mo. Day Time 2/17/04 4:40 PM	Employee Signature
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CUSTOMER USE ONLY METHOD OF PAYMENT: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Bill	Acceptance Mark Initials [Signature]	Mo. Day Time 2/17/04 4:40 PM	Employee Signature
Flat Rate Envelope <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Postage \$ 1.75	Mo. Day Time 2/17/04 4:40 PM	Employee Signature
Return Receipt Fee \$	COD Fee	Mo. Day Time 2/17/04 4:40 PM	Employee Signature
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